

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Daniel</i>		08-15-01
O.I.P.E. CLASSIFIER		19	8/21/01
FORMALITY REVIEW	<i>H.S.</i>	766	09/12/01
RESPONSE FORMALITY REVIEW	<i>JP</i>	1027	12/10/01

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	09/16/02
2	09/16/02
3	09/16/02
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49	09/16/02
50	09/16/02

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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08/16/02  
 09/16/02  
 12/10/01